

Time _____

Date of coronary arteriogram____/____/____ DVART17
Mo. Day Yr.

Section A.

1. The patient is over 65 years of age.	QUES117	<input type="checkbox"/>
2. The patient has a noncardiac illness which will significantly contribute to mortality within five years.	QUES217	<input type="checkbox"/>
3. The patient is unreliable or has a communication or language barrier.	QUES317	<input type="checkbox"/>
4. The patient has another significant noncoronary cardiovascular disorder which in and of itself would require surgery (e.g., valve replacement or aneurysmectomy) or would significantly contribute to mortality within five years.	QUES417	<input type="checkbox"/>
5. The patient is enrolled in another randomized coronary bypass surgery study.	QUEA517	<input type="checkbox"/>
6. The patient is geographically inaccessible for follow-up.	QUEA617	<input type="checkbox"/>
7. The patient has had previous coronary bypass surgery.	QUES717	<input type="checkbox"/>
8. Myocardial infarction has been documented within the past three weeks.		<input type="checkbox"/>
9. The patient has unstable or progressive angina symptoms indicative of a "pre-infarction" state that are characterized by both ischemic cardiac pain of sufficient severity to warrant emergency hospitalization and by the association of transient ECG changes with at least one episode of prolonged ischemic pain:	QUES917	<input type="checkbox"/>
10. Exertional angina, if present, is severely disabling (i.e., symptoms are Class III or IV severity of Canadian Cardiovascular criteria). That is to say, the patient has marked limitation of ordinary physical activity and is unable to walk more than two blocks on the level and is unable to climb one flight of stairs under normal conditions and at a normal pace.	QUES1017 Q11OUT17	<input type="checkbox"/>
11. The patient's coronary angiography is technically unsatisfactory.	QUES1117	<input type="checkbox"/>
12. No coronary lesion greater than or equal to 70% is present in a major vessel.	QUES1217	<input type="checkbox"/>
13. Lesions greater than or equal to 70% are present. However, either the distal coronary vessels are unsatisfactory for surgical therapy or the only 70% or greater lesions are present in nondominant arteries (right coronary or circumflex arteries).	QUES1317	<input type="checkbox"/>
14. A 70% or greater stenosis of the left main coronary artery is present.	QUES1417	<input type="checkbox"/>
15. The only stenoses of 70% or more supply a noncontracting segment of left ventricular wall corresponding to the site of prior ECG-proven transmural infarction.	QUES1517	<input type="checkbox"/>
16. Primary problem is congestive heart failure with ischemic etiology, without evidence of infarction in preceding three weeks; ejection fraction less than .35.		<input type="checkbox"/>
17. Patients who are asymptomatic with regard to angina, whose only manifestation of coronary disease is cardiac arrest or ventricular fibrillation."		<input type="checkbox"/>
18. Patient is asymptomatic with regard to angina, has had no prior myocardial infarction, and has coronary lesion(s) greater than or equal to .70.		<input type="checkbox"/>

What therapy was recommended to the patient? 1 Medical ☐ 2 Surgical ☐ 3 None ☐ THERP117

Scheduled surgery date (if applicable) _____/_____/_____ Mo. Day Yr. DVSS117

☆ GPO 799-296

Section B.

1. If the patient meets randomization criteria, indicate in which group he or she belongs:

GROUP17

A: Primary problem is angina without myocardial infarction in preceding three weeks; ejection fraction greater than or equal to .50.

2 B: Primary problem is angina without myocardial infarction in preceding three weeks; ejection fraction less than .50. ☐

3 C: Patient does not have angina, is more than three weeks post-infarction, and does not have decompensated heart failure.

2. Was patient randomized? 1 Yes ☐ 2 No ☐ RANDOM17

If yes,

Give date of randomization ____/____/____
Mo. Day Yr.Give date of scheduled surgery ____/____/____ DVRDSS17
Mo. Day Yr.

(Note that patients randomized to medical therapy are also "scheduled" for surgery.)

To what therapy was the patient randomized? 1 Medical ☐ 2 Surgical ☐ ASSIGN17

If no, give reason patient was not randomized.

1 This clinic is not randomizing patients in this group. ☐2 Other ☐ (Explain and mail a copy of this form to the Coordinating Center.)

What therapy was recommended to the patient?

1 Medical ☐ 2 Surgical ☐ 3 None ☐ THERP217Scheduled surgery date (if applicable) ____/____/____ DVSS217
Mo. Day Yr._____
Name of person filling out form

GPO 799-296